

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

Homecare & Hospice PAC

ADDRESS (number and street)

22780 Indian Creek Drive

☒(Check if address
is changed)

Ste. 100

Dulles

CITY ▲

VA

STATE ▲

20166

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒(Check if address
is changed)

JenniferL@morganmeredith.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

homecareandhospice.org

2. DATE

MM / DD / YYYY
04 / 20 / 2009

3. FEC IDENTIFICATION NUMBER ►

C C00431981

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ruth L. Constant

Signature of Treasurer

Ruth L. Constant

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)